

# SWIMMING WAIVER & PERMISSION SLIP

**Participant Name:**

**Date of Birth:**

**Parent/Guardian Name (if under 18):**

**Phone Number:**

**Emergency Contact Name & Phone:**

## SWIMMING ACTIVITY WAIVER

I hereby give permission for my child/self to participate in swimming and water-related activities organized by GameBreaker Lacrosse Camps on the date(s) of: \_\_\_\_\_ at [Location].

I acknowledge that participation in swimming and water activities involves certain inherent risks, including but not limited to: slipping, falling, drowning, or other accidents that could result in injury or death. I understand that all reasonable precautions will be taken to ensure participant safety.

I voluntarily assume all risks associated with swimming and agree to release, hold harmless, and indemnify GameBreaker Lacrosse Camps, its staff, volunteers, and affiliates from any and all claims, liabilities, damages, or expenses arising from participation in these activities.

## PERMISSION TO TREAT / EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I authorize the staff of GameBreaker Lacrosse Camps to act on my behalf (or on behalf of my child) in securing and administering emergency medical treatment. This includes, but is not limited to, first aid, CPR, emergency transportation, and medical care by a licensed healthcare provider or emergency personnel.

I understand that efforts will be made to contact me or the emergency contact listed above before treatment is administered. However, if I/we cannot be reached in time, I give my full consent to such necessary medical treatment and assume all financial responsibility for such treatment.

## SIGNATURE

By signing below, I acknowledge that I have read and understood the above waiver and permission to treat. I agree to all terms stated herein.

Signature of Participant (if 18 or older): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_